-		
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	he X 17 18 19a 19b
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		by any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Paul Tonko for Congress		
Full Name (Last, First, Middle Initial)  A. The State Insurance Fund		Date of Disbursement
Mailing Address 15 Computer Drive West		12 18 2015
City State Albany NY	Zip Code 12205	Amount of Each Disbursement this Period
Purpose of Disbursement Benefits		152.92 Transaction ID : D473013
Candidate Name		ategory/ Type
State: District:   Full Name (Last, First, Middle Initial)		
Mailing Address Port of Albany		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Albany	12202-1179	Amount of Each Dispursement this Period
Purpose of Disbursement Rental Fee Candidate Name		154.95 Transaction ID : D470073
		Type
State: District:		
Full Name (Last, First, Middle Initial)  D. U HAUL		Date of Disbursement
Mailing Address Port of Albany		12 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Albany NY	Zip Code 12202-1179	Amount of Each Disbursement this Period
Purpose of Disbursement Rental Fee		154.95 Transaction ID : D472898
Candidate Name		ategory/ Type
Office Sought:  House  Senate  President  Disbursement  Prim  Othe		
State: District:		
SUBTOTAL of Disbursements This Page (optional)		462.82

TOTAL This Period (last page this line number only).....